## **NICKI A. BURKE, Surrogate**

Salem County Surrogate's Court

Administration Building, 2<sup>nd</sup> Floor - 94 Market Street, Salem, NJ 08079

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## **Applicant** Administration fact sheet

Assets of decedent total more than \$50,000.00 if applicant is a spouse, or more than \$20,000 if applicant is an heir

Decedent name: Last:
First:
Middle:
Suffix:
Decedent a/k/a's: other names of the decedent that assets may be titled in
a/k/a:
a/k/a:
legal domicile at time of death - mailing address:
☐ Township of: ☐ County of:
Required to initiate the Administration process:
Certified Certificate of Death
Administration filing fee - contact our office for that information
Marital status of decedent and other information:
married
<ul><li>i widowed</li><li>i single, never married</li></ul>
divorced
certified domestic partnership
civil union

administrator short certificates () (one for each asset listed to be transferred)
no/yes decedent date of death <b>01/01/17 or AFTER</b> – is the estate value over \$2 million? no/yes decedent date of death <b>PRIOR to 01/01/17</b> – is the Estate value over \$675,000
Administrator Information: Administrator:
name as appears on your identification  relationship to decedent:  address: mailing address, include apartment #:
provide copy of form of identification county of residence: phone: cell: e-mail:
administrator is presently or was previously an attorney at law administrator is NOT an attorney
<u>Co-Administrator Information</u> : Administrator:
name as appears on your identification  relationship to decedent:  address: mailing address, include apartment #:
provide copy of form of identification county of residence: phone: cell: e-mail:
administrator is presently or was previously an attorney at law administrator is NOT an attorney
List All Next of Kin And Relationship To The Decedent
1-Name: address:
Relationship to decedent:  Age if a minor:

<b>2</b> -Name:	
address:	
Relationship to decedent: _	
Age if a minor:	-
<b>3</b> -Name:	
address:	
Relationship to decedent:	
Age if a minor:	
/ rge ii d iiiiioi i	<del>-</del>
<b>4</b> -Name:	
address:	
Dolationalis to docadout.	
Relationship to decedent:	
Age if a minor:	-
<b>5</b> -Name:	
address:	
Age if a minor:	-
<b>6</b> -Name:	
address:	
Age if a minor:	-
<b>7</b> -Name:	
address:	
Age if a minor:	-
8-Name:	
address:	
Relationship to decedent:	

Age if a minor:	
use additional sheet if necessary	
Assets & Debt information for Affidavit of Assets  Complete the Affidavit of Assets and Debts form pro Examples: checks, bank accounts, stock, vehicle, motor insurance policy without a named beneficiary, real estat The Affidavit of Assets & Debts form will be provided to documents for signature.	cycle, boat, RV, life ce, pension
checks/refund checks, etc. issued by: issued by: issued by:	amount: \$
copy of financial institution statements required	
Financial Institution:  account type: checking savings  amount: \$	
acct. # last 3 digits: XX Financial Institution:	
account type:  checking savings amount: \$ acct. # last 3 digits: XX	
Financial Institution: account type: checking savings amount: \$ acct. # last 3 digits: XX	
Financial Institution: account type: checking savings	

amount: \$acct. # last 3 digits: XX
Vehicles / Trailers / Motorcycles, etc:  year/make/model VIN #: value: \$
Vehicles / Trailers / Motorcycles, etc:  year/make/model VIN #: value: \$
Vehicles / Trailers / Motorcycles, etc:  year/make/model VIN #: value: \$
Vehicles / Trailers / Motorcycles, etc:  year/make/model VIN #: value: \$
Real Estate: in what names titled & how titled?  what is percentage of title held by the decedent?
market value of real estate:  block lot Twp/City/Boro etc.  block Twp/City/Boro etc.  Tax record search website:  http://tax1.co.monmouth.nj.us/cgi-
bin/prc6.cgi?&ms_user=glou&passwd=data&srch_type=0&adv=0&out_type=0&district=1704
<ul> <li>☐ Is any real estate located in a county or state other than Salem County, New Jersey?</li> <li>☐ Block, Lot, city/boro/county/state</li> </ul>
Insurance Funds where no beneficiary named or beneficiary is deceased:  Company:  Amount: \$

Pension, Investments, 401K, Certificates of Deposit, etc.:
Other:
Debt of Estate – For Affidavit of Assets & Debts: name & amount owed
Total Approximated Debt:
is estate is represented by legal counsel:  yes no attorney:
name of firm:
address: phone: e-mail:
<u>Administration:</u> \$125.00, plus filing of additional required documents at \$5.00 per page, such as Affidavit of Assets and Debts, Renunciations, (\$5.00 1st, \$3,00 each subsequent), and any other filings needed, such as Power of Attorney, etc.
Payment via:  check money order attorney escrow cash Salem County does not yet accept debit or credit cards